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Emotional Labor and Nursing Students: An Investigation of Nursing Students' Emotion Work

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science at Virginia Commonwealth University.

by

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Abstract

EMOTIONAL LABOR AND NURSING STUDENTS: AN INVESTIGATION OF NURSING STUDENTS' EMOTION WORK

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This study examined emotional labor as a potential source of stress for nursing students, as nursing students' performance of emotional labor may impact their working lives in important ways. Participants were 107 undergraduate and graduate nursing students enrolled in a large southeastern university who completed the Discrete Emotions Emotional Labor Scale (DEELS; Glomb & Tews, 2004), the Student Nurse Stress Index (SNSI; Jones & Johnston, 1999), the Job Descriptive Index (JDI; Balzer et al., 2000), and the Job in General (JIG; Balzer et al., 2000) scales. Two sub-samples of nursing students were identified, one of which held a registered nurse license (seasoned group; N = 54), and the other which had no previous clinical training in nursing (unseasoned group; N = 53). First, it was hypothesized that frequency of faking emotions and suppressing emotions would predict stress and satisfaction levels for the overall sample. A second hypothesis explored if seasoned nursing students engaged in higher frequencies of faking

and suppression of emotion when performing clinical nursing work. Results indicated that frequency of faking emotion was negatively correlated with student nursing stress overall, and also nursing stress about interface worries. Hierarchical regression analyses revealed that faking emotion and suppression emotion while engaged in clinical nursing work were significant predictors of overall nursing student stress. In addition, faking and suppressing emotion were significant predictors of stress related to the balance of personal and professional life. However, use of emotional labor strategies did not predict stress related to personal problems, or satisfaction with either work or the job in general. Furthermore, no differences were found with regard to frequencies of faking and suppressing emotion when seasoned and unseasoned students were compared. Other findings included that clinical nursing experience was positively related to genuine expression of emotion. In addition, students reported both high levels of stress with school and high levels of satisfaction. Students suppressed emotion while engaged in clinical work more frequently than they faked emotion. Overall, results of the present study suggested a link between nursing student performance of emotional labor strategies and their stress levels.

Chapter One

Introduction

Current Status of Nursing

A crisis exists in the nursing field. The drastic shortage of working registered nurses, beginning in the mid-nineties, has fueled research efforts to understand and improve this situation (Aiken et al., 2001; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Blendon et al., 2002; Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; Buerhaus, Staiger, & Auerbach, 2003). Recently, the United States Bureau of Labor Statistics (2004) reported that more than one million new and replacement nurses will be needed by 2012. Although employment of hospital registered nurses has increased since 2001, researchers stated that "there is no empirical evidence that the nursing shortage has ended" (Buerhaus, Staiger, & Auerbach, 2004, p. 530). Further, they found that 82% of registered nurses and 81% of physicians perceived nursing shortages where they worked (Buerhaus et al., 2004).

The nursing profession is dealing with a crisis in recruitment and retention of staff (Butterworth, Carson, Jeacock, White, & Clements, 1999). For instance, the number of first-time, United States educated nursing school graduates who sat for the national licensure examination decreased by 10% from 1995 to 2004, with 9,353 fewer students taking the exam in 2004 than in 1995 (National Council of State Boards of Nursing, 2004). The percentage of the registered nursing population under the age of 30 decreased from 25.1% in 1980 to 9.1% in 2000 (Department of Health and Human Services, 2002).

In 2004, nursing schools turned away 32,797 qualified applicants from baccalaureate and graduate nursing programs, citing insufficient number of faculty as the primary reason (American Association of Colleges of Nursing, 2004). Results from a recent survey of registered nurses indicated that they see the nursing shortage as negatively affecting the quality of their work life, quality of patient care, and amount of time spent with patients (Buerhaus et al., 2005). Further, almost all nurses thought that the current shortage will increase stress on nurses, will lower quality of patient care, and will cause nurses to leave the profession.

Nurses, Work Stress, and Outcomes

One factor influencing the current nursing shortage, and the decreased number of students pursuing nursing, is the stressful nature of this caring work (Baldwin, 1999; Bennett, Lowe, Matthews, Dourali, & Tattersall, 2001; Kirkcaldy & Martin, 2000). Workload, patient care responsibilities, and interpersonal relationships with colleagues are identified by nurses as sources of stress (Bailey, 1985). Care of dying patients, interpersonal conflicts with other nurses, and insecurity about professional skills are significant sources of stressful episodes for nursing students (Parkes, 1985). In a survey of Irish nurses, researchers discovered that nurses perceive their working life as the source of significantly more stress than their personal life (McGrath, Reid, & Boore, 2003). Stress has been cited by nurses as a primary reason for choosing to leave the profession (Fimian, Fastenau, & Thomas, 1988).

A link between stress experienced by nurses and the risk of suicide has been documented by multiple researchers (Feskanich et al., 2002; Tyler & Cushway, 1992).

In addition, Morton-Cooper (1984) identified the life expectancy for a 45 year old nurse to be approximately 26 years, one year more than a miner working below ground. There also is substantial evidence for psychiatric admissions and physical illness in nurses (Tyler & Cushway, 1992).

Negative outcomes resulting from exposure to this level of stress are clear in the literature. Multiple studies find that nurses report high rates of staff turnover, absenteeism, and burnout (Dewe, 1987; Jamal & Baba, 1992). Nursing stress has been found to be a direct cause of job dissatisfaction, and high levels of stress have been associated with low levels of self-reported health and well-being in nurses (Coward, Horne, Duncan & Dwyer, 1992; Gellis, 2002). Frequent daily hassles were associated with lower job satisfaction for nurses in another study (Bradley & Cartwright, 2002). Other outcomes include impaired organizational efficiency, poor practice quality, increased health care costs, and reduced job satisfaction (Holt, 1993).

Work Stress

In order to understand the specific aspects of work stress associated with nursing, it is important to define work stress in general. Lazarus and Folkman (1984), whose transactional theory of stress has been used in the literature, defined stress as "a particular relationship between the person and the environment that is appraised by the person as being taxing or exceeding his or her resources and endangering his or her well-being" (p. 19). This theory suggests that stress is a dynamic process, and was used to inform Payne's (1999) conceptual framework of stress at work, which states that stressors are determined by both an individual's appraisal of a situation and that individual's abilities,

experiences, and personality. Further, if the individual has the ability, experience, and character to meet work demands successfully, it is likely that positive psychological and physical benefit will result. However, if an individual is not able to successfully cope with work demands, negative psychological and physical outcomes may result.

Emotional Labor

Given the negative outcomes associated with work stress, it is important to examine the sources of stress. An evaluation of work stress is incomplete without addressing stress related to the expression of emotion on the job. Brief and Weiss (2002) are two researchers who have called for attention to emotions at work. In response to this call, researchers over the past two decades have conducted studies on the construct of emotional labor.

Emotional labor was defined by Hochschild (1983) as the "management of feeling to create a publicly observable facial and bodily display" (p. 7). Although various conceptualizations of this construct have been suggested, most researchers agree that emotional labor involves managing emotions such that they are consistent with organizational display rules. Display rules are expectations regarding which emotions are appropriate in certain situations (Goffman, 1959). For example, individuals working in customer service are encouraged by employers to smile and be good humored, judges often have to be emotionally distant from clients when listening to cases, and therapists must display empathy towards their clients even during times of personal stress or crisis.

Outcomes of Emotional Labor

Hochschild (1983) found that emotional labor creates feelings of inauthenticity in individuals, which can have serious implications for worker health. A number of studies have shown that emotional labor is associated with increased burnout symptoms, lowered levels of job satisfaction, and emotional strain (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002; Morris & Feldman, 1997; Pugliesi, 1999). Furthermore, emotional labor has been related to psychological distress, symptoms of depression, and decreased physical health (Pugliesi & Shook, 1997; Wharton, 1993; Wharton, 1996; Schaubroeck & Jones, 2000). Given that emotional labor may lead to negative work outcomes under certain circumstances, it is an important work variable to assess for many occupations.

Nurses and Emotional Labor

Researchers in the field of nursing have suggested that nurses engage in emotional labor, and other significant emotional demands at work (Bolton, 2000; DeCastro, 2004; James, 1992; Staden, 1998). Bolton (2001) asserted that nursing is an occupation commonly associated with extensive emotion work, and she presented data in support of the notion that nurses can handle their emotional demands by presenting an "acceptable face" at work (p. 85). Furthermore, nurses report that managing emotions on the job is important to their own professional role identity (Fagermoen, 1997). They express concern about the degree of emotional engagement - one aspect of emotional labor - they display to patients, and see emotional engagement as a necessary aspect of providing quality care to patients (Henderson, 2001). Balancing engagement with detachment at

work is a continual learning process for nurses (Carmack, 1997). Nurses' emotional engagement at work also has an impact on patient satisfaction with care. For example, patients reported higher satisfaction with care when nurses were friendly and sensitive to patient's personal needs (Murphy, 1999). Therefore, emotional labor appears to be an inevitable and important part of the working life of nurses.

Overview of Current Study

The intersection of nurses' work experiences and emotional labor has received increased attention over the past several years. Because this research is in its early stage, most of the investigations have been qualitative in nature (Bolton, 2001; Froggatt, 1998; James, 1992; McCreight, 2005; Smith, 1992). These studies add a richness and descriptive nature to exploring the construct of emotional labor in this setting. Results from such investigations reinforce the idea that the emotional components of working as a nurse are central to the professional identity of these workers (Froggatt, 1998; Henderson, 2001; McCreight, 2005; Smith, 1992). However, these qualitative studies lack the use of a unified definition and conceptualization of the construct, which would serve to advance this area of inquiry.

The current study attempted to build upon research findings highlighting the negative outcomes of engaging in emotional labor in nursing work (Mann & Cowburn, 2005). Use of the Discrete Emotions Emotional Labor Scale (DEELS; Glomb & Tews, 2004) allowed for investigation of emotional labor as a source of stress for nursing students, as nursing students' performance of emotional labor may impact their working lives in important ways. As previously discussed, a variety of sources of stress exist for

nurses (Bailey, 1985; Baldwin, 1999; Fimian et al., 1988; McGrath et al., 2003), many of which may be contributing to the current problems seen in recruiting and retaining registered nurses. In turn, the shortage of registered nurses has contributed to an increased work demand and many negative job-related outcomes for current workers (Buerhaus et al., 2005). The difficulty attracting students to the field of nursing, in addition to the rising average age of nurses, suggests that factors preventing growth in the field are at play. More specifically, the perception of nursing as a stressful occupation may be working against efforts to recruit students into the nursing field, and may be contributing to the stress experienced by practicing nurses. Therefore, efforts to highlight and understand the emotional experience of nurses and nursing students at work are increasingly important.

In addition, research on emotions and affect in the workplace is in its early stages (Brief & Weiss, 2002; Fisher, 2000), and the need for study of work emotions in health settings is needed. Evidence that emotional engagement is valued by nurses and seen as a necessary part of their job (Henderson, 2001; McCreight, 2005; Olesen & Bone, 1998; Phillips, 1996) conflicts with findings showing negative outcomes of emotional engagement (Mann & Cowburn, 2005), and therefore puts nurses in a difficult position. In order to keep nurses employed and satisfied at work, attempts to understand how they manage emotions on the job are of the utmost importance.

This study investigated two main research questions. The first question involved whether or not the performance of emotional labor strategies, as assessed by the DEELS (Glomb & Tews, 2004), were related to job satisfaction and nursing student stress. Based

on past evidence from investigations of many different categories of workers' experience of emotional labor, job satisfaction, and work stress, it was expected that emotional labor would be negatively associated with job satisfaction, and positively related with nursing student stress. In other words, it was hypothesized that the use of emotional labor strategies would be related to negative affect. Emotional labor strategies assessed using the DEELS (Glomb & Tews, 2004) that were hypothesized to negatively affect outcomes included faking of emotion and suppression of emotion.

The second question addressed the relationship between increased nursing training and the experience of emotional labor. The current researcher expected that more seasoned nursing students with more clinical experience would be more likely to perform emotional labor in general than students who are less seasoned. In addition, it was expected that more seasoned students would report higher frequencies of suppressing emotions and faking emotions. Nursing students gain clinical exposure and skills as they progress in their programs of study; hence, the emotional demands of their caring work are likely to increase at the same time. Students with varying levels of clinical exposure are likely to engage in emotional labor strategies differently, and may experience this work demand uniquely. Results of the current study may support and inform the use of interventions in the nursing curriculum focused on curtailing the potential negative effects of performing emotional labor.

Chapter Two

Literature Review

Emotional Labor: Multiple Perspectives

Sociologist Arlie Hochschild introduced the construct of emotional labor, and defined it as "management of feeling to create a publicly observable facial and bodily display" (Hochschild, 1983, p. 7). Since that time, researchers have defined the construct in various ways. However, examination of the operational definitions for emotional labor suggests that several main approaches have been most influential in the literature. Glomb and Tews (2004) noted that various perspectives on emotional labor all focus on the internal state of emotional dissonance, the internal processes involved, and external behavioral displays. First, emotional dissonance has been defined as "the state that exists when there is a discrepancy between the emotional demeanor that an individual displays because it is considered appropriate, and the emotions that are genuinely felt but that would be inappropriate to display" (Mann, 1999, p. 353). This emotional dissonance may result in outcomes like job-related stress (Adelmann, 1995; Pugliesi, 1999; Wharton, 1993) or emotional exhaustion (Morris & Feldman, 1997). Next, internal processes involved in performing emotional labor include efforts to regulate displayed emotion. Finally, external behavioral displays focus on whether or not the individual conforms with display rules. Presented below are descriptions of these perspectives.

Hochschild's View (1983.) In 1983, Hochschild introduced the construct of emotional labor in her book, *The Managed Heart: The Commercialization of Feeling.* One of Hochschild's (1983) central arguments was that managing emotions at work

requires effort. Emotional regulation occurs when people manage (a) the emotions that they have, (b) when they have them, and (c) how they experience and express them. Hochschild (1983) suggested that jobs requiring regulation of emotion have several characteristics in common. First, they involve face-to-face or voice-to-voice contact with the public. In other words, an immediate display of affect is required. Second, these jobs require that a certain emotional state or reaction is produced in the customer or client by the worker. For example, nurses are expected to calm patients and families and encourage their satisfaction with medical care. Third, the supervisor or employer in jobs requiring emotional labor can indirectly control the emotional displays of workers. This control over emotional display involves power differentials between varying positions at work, and implied, but not stated, rules of behavior in the workplace. In addition, the author proposed a list of occupations requiring substantial amounts of emotional labor, based on the 1970 United States Census occupational categories. Registered nurses, who were the focus of the current study, were included on this list.

Hochschild (1983) also suggested that emotions can be managed by using one of two techniques, which she termed surface acting or deep acting. Surface acting techniques involve modifying outward displays to be congruent with organizational display rules. Hochschild (1983) said that when surface acting techniques are used, others are deceived about an individual's feelings, but individuals are not deceiving themselves about their feelings. The work of professional actors, for example, uses surface acting techniques. Deep acting techniques, on the other hand, occur when individuals try to modify their internal feelings to be consistent with display rules. In this case, individuals

displaying the emotions deceive or convince themselves of actually feeling the required emotions. Hochschild (1983) gives the example of Delta Airlines flight attendants learning to suppress anger at passengers who insult them. In a training class for experienced flight attendants, workers identified various ways to implement deep acting techniques. For example, they "purposefully took some deep breaths," repeatedly told themselves, 'don't let him get to you,' and considered that a passenger who drinks too much alcohol may be scared of flying (Hochschild, 1983, p. 55). During training, flight attendants were encouraged to "act as if the airplane cabin were [her] home, and to think of a passenger as if he were a personal guest in [her] living room" (Hochschild, 1983, p. 105). This type of pretending is said to be so deep that the self is altered. Thus, surface acting and deep acting techniques produce similar behavioral displays through different means. Regardless of the means used to produce the display, Hochschild asserts that after engaging in emotional labor over a long period, emotive dissonance will develop. Emotive dissonance occurs when a difference between feeling and feigning emotion has to be maintained, and this may result in psychological strain. She suggests that workers attempt to avoid this strain by changing their feelings, as in the use of deep acting techniques, or changing their outward display of emotion, as in surface acting.

Ashforth and Humphrey's View (1993.) Ashforth and Humphrey (1993) built upon and expanded Hochschild's (1983) definition of emotional labor. Their definition was based more on the display of appropriate emotions than on the emotional regulation involved. In addition to surface acting and deep acting techniques, these authors proposed that even the expression of genuine emotion is an emotional labor strategy. They

emphasized the act or behavior and not the internal state or process behind that behavior. This definition, then, differs from Hochschild's, which emphasizes internal processes and avoids the problems associated with assessing the internal processes of individuals. While avoiding this issue makes assessment of emotional labor less complicated, it also may miss the richness of the inner experience of workers.

Ashforth and Humphrey (1993) were guided by social identity theory, which suggests that service workers' identification with their role moderates some effects of emotional labor. Social identity theory proposes that individuals tend to classify themselves and others into groups to order the social environment and locate where they and others fall within it. Ashforth and Humphrey suggest that the use of emotional labor strategies may fulfill social expectations and make interactions more predictable, and less embarrassing or disruptive. Service workers may be able to cognitively distance themselves from difficult emotions and maintain emotional balance. Ashforth and Humphrey (1993) point out that the more employees identify with their role, the weaker the negative effects of emotional labor will be, and the stronger the positive effects. They also assert that display rules are like social norms, and can vary greatly among organizations. Other researchers have emphasized the importance of including genuinely felt expression as an emotional labor strategy (Glomb & Tews, 2004). Diefendorff, Croyle, and Gosserand (2005) recently demonstrated that the expression of naturally felt emotion, originally proposed by Ashforth and Humphrey (1993), is a distinct emotional labor strategy, and should be incorporated in assessment of the construct. The importance

of including the expression of naturally felt emotion as an emotional labor strategy will be discussed in the context of measuring emotional labor.

Morris and Feldman's View (1996. Morris and Feldman (1996) defined emotional labor as "the effort, planning, and control needed to express organizationally desired emotion during interpersonal transactions" (p. 987). Their work was similar to that of Hochschild (1983) and Asforth and Humphrey (1993), but emphasized the social environment. They added to the literature by proposing four dimensions, or aspects, of emotional labor. The first dimension is frequency of interactions, which is important in assessing emotional labor. Morris and Feldman (1996) pointed out that conceptualizations that focus only on frequency of displays ignore the complexity of this construct. The second dimension of emotional labor identified by these authors is attentiveness to required display rules, which includes the duration and intensity of the display. The third dimension proposed is the variety of emotions that are required by display rules. Finally, emotional dissonance is included as the final dimension of emotional labor.

Glomb and Tews' (2004) Conceptualization. Consistent with Ashforth and Humphrey (1993), Glomb and Tews (2004) highlight the importance of employees' reactions to organizational display rules in their conceptualization of emotional labor. However, Glomb and Tews' view focuses on behavioral expression and non-expression of felt or unfelt emotions in accordance with display rules. More specifically, they hypothesized that emotional labor can occur both when emotions are outwardly shown and when emotions are kept inside. An advantage of this approach is that it accounts for

the underlying felt emotion that may occur when an individual conforms to display rules. This conceptualization also points out that emotional labor could involve not only expressing situationally appropriate emotion, but also not expressing inappropriate emotion, as well as genuinely felt displays. These different possibilities for the motivations behind an expressed behavioral display or non-expressed behavioral display provide a richer picture of emotional labor. Existing emotional surveys might ask participants to indicate if the way they act and speak matches what they really feel. However, the response to this type of question will not allow researchers to find out the underlying motivation for the behavior. Glomb and Tews emphasize the importance of identifying whether emotions are positive (i.e., love, happiness) or negative (i.e., sadness, hate), as well as the intensity of the emotion (contentment versus enthusiasm).

Recent Developments. Several attempts have been made to integrate conceptualizations of emotional labor and to use theoretical models to guide understanding of this construct. For example, Grandey (2000) examined previous research on emotional labor and proposed that definitions of the construct had in common regulation of emotional expression through surface acting and deep acting processes. She suggested that emotional dissonance should not be included as a dimension of emotional labor, because it is not necessarily experienced by those who engage in emotional labor. Pugliesi (1999) labeled self-focused and other-focused emotional labor as two distinct types of emotional labor strategies. Self-focused emotional labor was defined as management of one's own feelings or effort to suppress emotions and present a positive demeanor, and other-focused emotional labor was defined as relating to the managing of

others' emotions. However, the current researcher did not find evidence to suggest that self-focused and other-focused emotional labor strategies have been tested as dimensions of emotional labor in a methodologically sound manner. Glomb and Tews (2004) noted that the different conceptualizations of emotional labor are not necessarily in conflict with one another. Rather, they illustrate that emotional labor is a complex construct and is related to other psychological variables.

Emotional Labor and Burnout Symptoms

As previously discussed, multiple conceptualizations of emotional labor have been identified. Researchers have investigated emotional labor at work, and their results suggest implications for workers' psychological and physical well-being. More specifically, emotional labor has been found to negatively influence burnout symptoms. Burnout is a syndrome defined by the three principal components of emotional exhaustion, depersonalization, and diminished feelings of personal accomplishment (Maslach, Jackson, & Leiter, 1996). The authors defined emotional exhaustion as a chronic state of emotional and physical depletion; depersonalization is characterized by a detached attitude toward others, or a lack of connectedness with others; and, diminished personal accomplishment involves a low sense of efficacy at work and a negative evaluation of the self. Burnout is work-related, and is said to occur more frequently in jobs that require extensive care of other people (Maslach, Schaufeli, and Leiter, 2001).

Burnout symptoms are associated with use of emotional labor strategies. Significant positive correlations were found between emotional work and emotional exhaustion for a variety of workers across 12 studies in a review on emotional labor

(Zapf, 2002). In her seminal work on emotional labor, Hochschild (1983) found that flight attendants experienced burnout. More recently, researchers found that faking emotional displays, or using surface acting techniques, predicted the burnout dimension of depersonalization and emotional exhaustion (Brotheridge & Grandey, 2002). In addition, Brotheridge and Lee (2003) found that surface acting techniques were significantly associated with higher levels of emotional exhaustion and depersonalization. Use of surface acting techniques was negatively associated with personal accomplishment. Morris and Feldman (1997) explored emotional labor in samples of workers at debt collection agencies, military recruiters, and nurses, and found that the more emotional dissonance experienced, the higher the levels of emotional exhaustion. Although these studies demonstrate a connection between performance of emotional labor strategies and burnout symptoms for workers in a variety of occupations, none of the investigations focused specifically on the experience of nurses or nursing students.

Emotional Labor and Job Satisfaction

In addition to increasing burnout symptoms, emotional labor also can decrease job satisfaction. Job satisfaction was defined by Locke (1976) as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (p. 1300). Pugliesi (1999) studied staff at a mid-sized university, and found that both self-focused and other-focused emotional labor had negative effects on workers, including lower job satisfaction. Self-focused emotional labor had more detrimental effects than other-focused emotional labor. Additional findings of Pugliesi's (1999) study were that emotional labor increased perceptions of job stress and increased stress in general. As

previously discussed, Pugliesi did not demonstrate evidence for her labels of self-focused and other-focused emotional labor. Nonetheless, data from her study highlight the negative association between performance of emotional labor and job satisfaction. Other studies have demonstrated that emotional labor can undermine job satisfaction, in a variety of settings (Bulan, Erickson, & Wharton, 1997; Pugliesi & Shook, 1997). Furthermore, research findings related to specific emotional labor strategies suggest that suppressing genuinely felt emotions is negatively correlated with job satisfaction (Rutter & Fielding, 1988). As previously discussed, emotional dissonance occurs when a difference between feeling and feigning emotion must be maintained (Hochschild, 1983). Across multiple investigations, emotional dissonance has been negatively related to job satisfaction (Abraham, 1998; Morris & Feldman, 1997; Zapf, Vogt, Seifert, Mertini, & Isic, 1999).

Emotional Labor and Other Measures of Stress

Emotional labor has been shown to affect overall stress, cognition, physiology, and physical symptoms. For instance, a study investigating office-based employees who spent significant work time engaging in face-to-face or voice-to-voice contact with customers found that increased levels of emotion management were associated with reported stress (Mann, 1998). When examining cognitive and physiological consequences of emotional suppression, Richards and Gross (1999) found that emotional regulation influenced memory processes, and increased sympathetic nervous system activation. Emotional labor has been documented to affect physical symptoms. For example, Schaubroeck and Jones (2000) conducted a study of the antecedents of

workplace emotional labor dimensions and moderators of emotional labor on physical symptoms in a sample of full-time employees at a survey research organization. Results revealed that the demand to express positive emotion at work was positively related to somatic complaints, such as having trouble sleeping at night or experiencing poor health that affected work.

Emotional Labor and Positive Outcomes

Although most researchers focus on the negative outcomes of emotional labor, positive relationships among aspects of emotional labor and job-related outcomes have been found (Adelmann, 1995; Wharton, 1993). Adelmann's (1995) results indicated that employees perceived emotional labor to be related to positive consequences at work. Performing emotional labor was associated with more positive job reactions and was a significant predictor of job commitment, job satisfaction, and satisfaction with growth opportunities. However, a significant clarification reveals that when employees were divided into groups based on whether emotional expression was in agreement with their feelings or not, the non-agreement group fared worse. Bulan, Erickson, and Wharton (1997) found that, for a sample of hospital and bank workers, positive feelings about work were higher for workers when they felt effective in their work with people, spent more time interacting with other employees, had greater control over their work, and had higher levels of job involvement. In addition, Wharton (1993) found that emotional labor was not associated with burnout symptoms or decreased job satisfaction. However, Wharton identified groups of employees as either a group who performs emotional labor, or a group who does not perform emotional labor, based on Hoschschild's (1983) orginial

classification system. The author did not assess emotional labor performance with a standardized measure, and therefore may have missed important information about the participants.

Measuring Emotional Labor

Given the potential impact of emotional labor performance on the working lives of individuals, measurement of emotional labor will be discussed. Two standardized measures of emotional labor, the Emotional Labor Scale (ELS; Brotheridge & Lee, 2003) and the DEELS (Glomb & Tews, 2004) have been identified. However, the development of these instruments has occurred within recent years, and they have not been frequently used in the literature at the current time. It has been more common for researchers to utilize items constructed for specific studies, or to borrow items from other inventories (Adelman, 1995; Bulan et al., 1997; Dieffendorf et al., 2005; Pugliesi, 1999; Schaubroek & Jones, 2000). This may be explained, in part, by the many different disciplines that conduct research on emotional labor, including psychology and sociology. The development of the ELS (Brotheridge & Lee, 2003) and the DEELS (Glomb & Tews, 2004) and their psychometric properties will be discussed

The Emotional Labor Scale (ELS; Brotheridge & Lee, 2003) treats emotional labor as a multidimensional construct. Stemming from the research of Hochschild (1983) and Morris and Feldman (1996; 1997), Brotheridge and Lee (2003) focus on the two separate dimensions of surface acting and deep acting techniques. In addition, they assess duration of interactions, and the frequency, intensity and variety of emotional displays. Citing research on outcomes of surface acting and deep acting emotional labor, the

authors assert that these two dimensions have distinct outcomes (Ashforth & Tomiuk, 2000; Sheldon, Ryan Rawsthorne, & Ilardi, 1997).

Brotheridge and Lee (2003) generated a list of 15 items for the self-report ELS based on theory and research findings (Ashforth & Humphrey, 1993; Hochschild, 1983; Morris & Feldman, 1996, 1997). The authors evaluated the items after feedback was given from faculty members and workers in service industries. The ELS uses a 5-point rating scale response option, ranging from 1 (*never*) to 3 (*often*) to 5 (*always*). To refine the inclusion of items that represented the construct, the authors administered the ELS to a sample of 296 students. The factor structure of the ELS was examined with exploratory factors analysis, and four factors were identified: a) surface acting, b) intensity, variety and duration, c) deep acting, and d) frequency of emotional display. Convergent and discriminant validity were established by expected relationships between the ELS and measures of burnout, role identification, emotional suppression, emotional support and control, self-monitoring, and positive and negative affectivity. Although this measure would provide useful information about the performance of emotional labor, a measure that would more greatly enhance investigation of emotional labor in the present study will now be discussed.

Glomb and Tews (2004) developed the DEELS, which investigates the behavioral display of emotional expression, including genuine, faked, and suppressed positive and negative emotional displays. The scale consists of three subscales: a) genuine expression, b) faked expression, and c) suppression of emotion. Each of these three subscales includes fourteen distinct positive and negative emotions that are included in six emotion

families (Shaver, Schwartz, Kirson, & O'Connor, 1987). Using cluster analysis, Shaver and colleagues (1987) identified love, joy, surprise, anger, sadness, and fear as emotion families. For each subscale, participants consider each discrete emotion relative to their interactions with others over a 6 month period. The DEELS directly assesses frequency of emotional expression, and indirectly assesses variety and intensity of emotion by using discrete emotion words with differing levels of intensity from different emotion families.

Confirmatory factor analysis was used to determine the factor structure of the DEELS. The researchers based this analysis on an existing framework of emotions, and thus made hypotheses about the factor structure. They found support for a six-factor solution, which included the genuine, faking, and suppression subscales, divided into positive and negative emotions. Construct validity was established using known-groups validation by assessing how the DEELS differentiates groups that are known to differ. Research suggests that health service jobs demand positive expression and that police work allows for negative expression of emotion (Rafaeli & Sutton, 1991; Hochschild, 1983). More specifically, it was hypothesized that health workers would report a greater frequency of genuinely expressing positive emotions, faking positive emotions and suppressing negative emotions. It was also hypothesized that police officers would report more genuine expression of negative emotions, faking negative emotions, and suppressing positive emotions. Overall, the results suggest that the DEELS can reasonably differentiate between these two groups for genuine and fake expression of emotion.

Convergent validity was established by looking at specific subscales of the DEELS and correlating them with other measures. The faking positive, faking negative, suppressing positive, and suppressing negative subscales were significantly positively correlated with the Morris and Feldman (1996) dissonance subscale, which measures emotional dissonance. Discriminant validity of the DEELS was established by assessing the relationship between the DEELS subscales and Morris and Feldman's (1996) duration dimension. The DEELS assesses frequency of emotion, and was expected to be independent of duration of interaction. Each of the DEELS subscales' correlation with duration was not significant, supporting discriminant validity.

Finally, criterion validity was obtained when the researchers examined the relationship between the faking and suppression subscales and emotional exhaustion. Research has demonstrated that a frequent outcome of emotional dissonance is emotional exhaustion or other burnout symptoms (Abraham, 1998; Brotheridge & Lee, 2002; Grandey, 2000; Morris & Feldman, 1997). The results showed that higher levels of emotional exhaustion were reported by participants who faked positive, faked negative, suppressed positive, and suppressed negative more frequently.

Because it demonstrates excellent psychometric properties, and allows for examination of the expression, suppression, or faking of felt and non-felt emotions within the six emotion families (Shaver et al., 1987), the DEELS provides a comprehensive way of assessing the emotion work of nursing students, and was used in the current study.

Emotional Labor and Nursing

Nurses engage in emotional labor on a regular basis (DeCastro, 2004; Phillips, 1996; Smith & Gray, 2001), and will experience the outcomes of this emotion management strategy. In a meta-analysis of emotional intelligence in nursing, McQueen (2004) noted that the demand of emotional labor has been accepted as a part of nursing work. Nurses, in a variety of settings, work with patients who are vulnerable as well as dependent on their caregiving. Sources of stress common for nurses include workload, patient care, and interpersonal relationships with colleagues (Bailey, 1985). Lawler (1991) points out in her book, *Behind the Screens: Nursing, Somology, and the Problem of the Body*, that nursing students are forced to adopt a set of emotion rules aimed to assist them in maintaining their professionalism. Furthermore, Olesen and Bone (1998) suggest that emotion expression is an important factor in delivering nursing care, and that a tension may result between organizational demands for efficiency and nurses' expression of emotions.

When nurses were surveyed about values important to meaningful nursing practice, Fagermoen (1997) found that all the nurses interviewed identified care for patients' health and well-being as a basis of their work. Moreover, nurses reported incidents in which they used specific ways of approaching patients and different interactional styles, based on their assessment of patients' needs. Creating an environment of trust was identified as important to nurses. Therefore, managing emotions on the job appears to be very important to nurses when examining their professional role. McCreight (2005) concludes, from analysis of in-depth interviews with 14 nurses

working in gynecological wards, that nurses must be able to manage their own emotions at work. She also suggests that the discipline does not seem to equip nursing students with the skills needed to accomplish this emotion work without a cost. In a review of nursing student stress, Sawatzky (1998) suggested that efforts to help students cope with the stress of nursing education are limited.

Qualitative Findings: Emotional Labor and Nursing. As previously discussed, emotional labor may result in negative work-related outcomes for workers in many settings (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2003; Bulan et al., 1997; Hochschild, 1983; Morris & Feldman, 1997; Pugliesi, 1999; Pugliesi & Shook, 1997; Rutter & Fielding, 1988; Zapf, 2002). Furthermore, emotional labor has been identified as a potential source of stress for nurses (Phillips, 1996). Several qualitative studies have investigated the effects of emotion work on nurses, in a variety of settings. Results from these investigations provide a rich description of the demand to perform this work.

For example, nurses working in settings ranging from the emergency room to a maternity ward reported that they were deeply concerned about the role of emotional engagement versus detachment in their working lives (Henderson, 2001). In particular, Henderson (2001) found that nurses view caring as relevant to their role, and the majority of nurses saw emotional engagement as a requirement of good nursing practice. They reported that it is sometimes necessary to balance emotional engagement with detachment in order to accomplish certain tasks. In so doing, they acknowledged the need to use emotional regulation at work. By way of illustration, one nurse stated that, "if you want to be a good nurse, you have to get those feelings in there. Most people don't like

the kind of nurses that just go in, do their thing, and get out" (p. 133). Interestingly, many of the nurses interviewed felt that the caring work they perform was unappreciated by other hospital staff.

Froggatt (1998) also conducted a qualitative study, and uncovered the emotional toll experienced by hospice nurses. These nurses experienced bereavement both on a personal and professional level. One nurse said that watching relatives of a patient "break down . . . used to break my [own] heart" (Frogatt, 1998, p. 334). Emotional work was described by a nurse, who said that "you can go through a death three or four times in the matter of about three days, so if you do that two or three times a week it drains you, it really drains you" (p. 334). When speaking about their bodies as containers of emotions, one nurse said that her body was "like a sponge, you can only absorb so much sometimes and when I've had, I am not functioning very well, I'm not being very good at work, because I can't take any more on board" (p. 334). When asked to identify how they manage emotions at work, the nurses reported that they used distancing strategies to prevent themselves from being too drained or overloaded.

Further evidence of emotional work performed by nurses was reported by Smith, whose book, *Emotional Labour of Nursing* (1992), detailed the feeling of emotional labor in interviews with nursing students. Their language "conveyed a sense of the sheer emotional work required by nurses to sustain the traditional image of smiling nurses, holding patients' hands" (p. 8). When Staden (1998) investigated the experience of emotional labor for nursing students, she learned that they saw emotion work as taxing, but not recognized or rewarded by others.

McCreight (2005) interviewed Irish nurses working in gynecological units with patients who had experienced a pregnancy loss. The nurses were required to regulate their own emotional response to patients' pregnancy losses, and to deliver tactful support to their patients, two activities that might involve emotional labor. However, the nurses shared that they did not feel well prepared by their nursing education for this emotion work. For example, one nurse reported that her "first experience as a student going in to a patient who'd just delivered and I nearly died myself and really you're going in and you don't know what to say," (McCreight, 2005, p. 442). Overall, this qualitative study identified dilemmas for nurses with regard to how they manage their emotions at work.

Quantitative Investigations of Emotional Labor in Nursing. Fewer studies have systematically examined emotional labor using quantitative research methods. Mann and Cowburn (2005) used a quantitative design to assess emotional labor in a sample of nurses. They surveyed a sample of mental health nurses on a variety of dimensions relating to emotional labor, including duration and intensity of patient interactions, emotions expressed, surface acting and deep acting techniques, and perceived level of stress experienced associated with the interaction. Results suggested that emotional labor was positively correlated with stress from interactions and daily stress levels. In addition, higher levels of emotional labor were reported when the intensity of interactions was deeper and a variety of emotions was experienced. Finally, surface acting techniques were stronger predictors of emotional labor than deep acting. The findings of this study suggested that quantitative measures can be used to examine emotional labor and work stress for nurses. It is important to assess whether a similar method would help to explore

outcomes of engaging in emotional labor for nursing students. The present study, which investigated nursing students' use of emotional labor strategies, was a step in that direction.

Statement of the problem

The construct of emotional labor could be described as individuals' affective management on the job (Pugliesi, 1999). Research has shown a strong link between performing emotional labor at work and negative outcomes for employees, both personal and professional (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2003; Bulan et al., 1997; Hochschild, 1983; Mann, 1998; Morris & Feldman, 1997; Pugliesi, 1999; Pugliesi & Shook, 1997; Rutter & Fielding, 1988; Zapf, 2002). Furthermore, evidence that nurses perform emotional labor at work, including convincing statements from nurses about their emotional engagement at work has been highlighted (Henderson, 2001; McCreight, 2005). Publications targeted at nurses communicate the message that they should be concerned about their performance of emotion work on the job (DeCastro, 2004; Vitello-Cicciu, 2003). Nursing researchers have called for more attention to the emotional aspects of this area of work (James, 1992; Smith, 1992), and this call has been answered by a number of qualitative studies (Froggatt, 1998; Henderson, 2001; McCreight, 2005; Staden, 1998). However, quantitative studies are lacking, with only one such study identified by the current researcher (Mann & Cowburn, 2005). A need exists to build on the results of this study, and to explore the level and types of emotional labor employed by nurses, using a standardized measure of emotional labor.

This study contributed to research on emotions at work by investigating the emotional work performed by nursing students. The clinical component of nursing education has been identified by researchers as the most stressful part of their education (Beck & Srivastava, 1991; Lindop, 1991), a finding that underscores the importance of the proposed study. An additional study found reported levels of distress for student nurses that exceed those of fourth year medical students (Jones & Johnston, 1997). Although emotional labor has been examined for a sample of mental health nurses (Mann & Cowburn, 2005), using a quantitative design, the experience of emotional labor for nursing students had not yet been investigated. Researchers studying emotional competency, defined as "the ability to monitor one's own and others feelings and emotions" (Humpel & Caputi, p. 400) found that nurses with more than 6 years of experience had higher levels of emotional competency. Therefore, it appears that emotion work may be an acquired skill. Further, the performance of emotional labor by nursing students may differ, based on their current level and intensity of patient interaction. Empirical findings supporting this notion show that students with more experience in nursing find their training more stressful than students with less training (Tully, 2004). The effects of engaging in emotional labor, a potential stressor for nursing students, may differ for individuals, depending on their stage of professional development. However, this specific question had not been explored in the literature to date. Therefore, the use of a research design in which information is gathered about the kind and frequency of emotional labor performed would address this need.

The current study examined frequency of emotional labor strategies employed, satisfaction with work, job satisfaction in general, and stressfulness of nursing education, in order to investigate two broad research questions for two samples of nursing students. One sample of students already held a registered nurse license and will be obtaining a second degree, while the other group was just beginning their nurse education. Emotional labor strategies assessed by the DEELS (Glomb & Tews, 2004) included genuine expression of emotion, faking emotion, and suppression of emotion. The use of this measure allowed for examination of the occurrence and frequency of various emotions experienced by nursing students, and aided the current researcher in identifying if and what kinds of emotional labor strategies are experienced at two different stages of nursing professional development.

Hypotheses were informed by empirical findings in the nursing and work stress literatures. For example, past research has identified a negative correlation between higher frequencies of emotional labor performed and job satisfaction levels (Bulan et al., 1997; Pugliesi, 1999; Pugliesi & Shook, 1997; Rutter & Fielding, 1988). Therefore, the first research hypothesis suggested that higher frequencies of performing the emotional labor strategies of faking of emotion and suppression of emotion were expected to have direct, negative relationships with satisfaction with work and job satisfaction in general for nursing students. Another work-related variable, stressfulness of nursing training, was assessed. It was expected that perceived stressfulness of nursing training would also be associated with higher frequencies of performing the emotional labor strategies of faking and suppression of emotion.

In order to investigate the second general research question of how emotional labor may be experienced uniquely by students with varying clinical experience, several hypotheses were tested. It was hypothesized that the sample of more seasoned students would report higher frequencies of emotional labor in general, and faking emotions and suppressing emotions in particular. Furthermore, the current researcher expected that the sample of less seasoned students would report higher frequencies of genuine expression of emotion for both positive and negative emotions.

Chapter Three

Method

Participants

Participants were students enrolled in nursing programs offered during the summer session at a large Southeastern university. Students in the accelerated bachelor of science degree in nursing and students in the accelerated second degree master of science in nursing program all are pursuing their first degree in nursing. Graduates of the accelerated bachelor's degree program are eligible to take the registered nurse licensure examination upon completion of their program. Students in the accelerated second degree program earn a bachelor of science degree in nursing along their way to the master of science degree, and they typically can sit for licensure as a registered nurse after their fifth semester. Students in these two programs have had no previous clinical nursing training.

Second year students enrolled in the traditional master of science in nursing program were also included as participants. These students hold licensure as registered nurses when they start the program. This degree is identified as the entry-level master's program for registered nurses with a bachelor of science degree in nursing. Because they are registered nurses, the participants in this sample are differentiated from the other students in terms of clinical nursing experience.

Two sub-samples of nursing students were identified, one of which holds a registered nurse license (registered nurse group; seasoned group), and the other which has no previous clinical training in nursing (non-registered nurse group; unseasoned group).

The total sample included 107 students, of whom 53 were identified as unseasoned (1st year Accelerated Bachelor of Science in Nursing; 1st year Accelerated Second Degree in Nursing) and 54 were identified as seasoned (2nd year Accelerated Bachelor of Science in Nursing; 2nd year Accelerated Second Degree in Nursing; 2nd year Traditional Master's of Science in Nursing; RN-BS Weekend Program; RN-MS; Post-Master's Certificate in Nursing Education). In order to assure that the unseasoned and seasoned nursing students were appropriately identified, descriptive statistics for age and clinical experience were examined. The sub-group labeled as unseasoned had an average age of 27.81years (*SD* = 5.15), and average clinical nursing experience of 1.06 years (*SD* = 2.08). The sub-group labeled as seasoned had an average age of 34.15 years (*SD* = 10.19), and average clinical nursing experience of 8.19 years (*SD* = 10.12). Students in the unseasoned group were younger in age and had less clinical experience than students in the seasoned group, suggesting that these two sub-groups were accurately labeled.

Of the 107 total cases, 91.6% were female. The remaining 8.4% that comprised the male students is typical of enrollment and matriculation statistics published by the university, and the researcher thus decided to retain these students in the sample. Ages for the sample ranged from 21.58 to 56.25, with an average age of 30.86 (*SD* = 8.58). Years of clinical nursing experience ranged from 0 to 32.58, with an average of 4.66 (*SD* = 8.13). In terms of ethnicity, most participants identified as European American, 88.8% of the sample. The remaining sample was 8.4% African American, .9% Asian American, and 1.9% Other.

The current researcher decided not to run an a priori power analyses because of the use of a newly validated measure (DEELS) that has not been tested on the current population of nursing students. Therefore, an appropriate estimate of effect size for this population could not be identified in the literature. However, post-hoc power analysis revealed sufficient power to run the proposed analyses, although sample size was somewhat lower than ideal.

Design

The study used self-report questionnaires. The design was cross-sectional, examining responses from nursing students, who can be differentiated with regard to levels of clinical nursing experience. While the first research question of the study examined the sample of nursing students as a whole, the second broad research question addressed this clinical experience differential.

Procedure

Recruitment occurred during the 2006 summer session. All students sampled were enrolled in a course that had both clinical and didactic components, which provided the best opportunity to access students. Participants heard a brief description of the study and provided informed consent to participate. Student participants then were given a packet of questionnaires and asked to complete the packet during their class time. The packets contained a brief set of instructions, demographic questions, and measures of clinical experience, intended specialty area and confidence in pursuing that specialty, stressfulness of nursing training, emotional labor, satisfaction with work, and job satisfaction in general. Order of measures was counterbalanced, with the purpose of

controlling for order effects in participants' responses. Three versions of the questionnaire were used. The demographics section was always the first measure for students complete, and the DEELS was the second measure in the packet, because it was the variable of interest.

Measures

Demographics. Participants provided their age, gender, program and year in nursing program, and racial/ethnic background. They also reported the number of years and months they have been involved in clinical nursing experience (see Appendix 1).

Intended nursing specialty area. Participants rated their interest in pursuing a list of intended nursing specialties. More specifically, they were asked to select their three top choices for specialty, and ranked them in order of their interest. These specialties, offered in the traditional master of science in nursing program and accelerated second degree program, included a) adult health acute care nursing, b) adult health primary care nursing, c) child health nursing, d) community health nursing and public health, e) family health nursing, f) integrative psychiatric mental health nursing, g) nursing administration and leadership, h) women's health nursing, or i) other (participant will be asked to fill in). Participants also indicated, on a 8-point rating scale ranging from 0 (*not at all confident)* to 7 (*extremely confident)* how confident they were that they will work as nurses in their top three intended areas of specialty (see Appendix 1).

Nursing education and stress. Participants completed the Student Nurse Stress Index (SNSI; Jones & Johnston, 1999; See Appendix 1), in order to assess the perceived stressfulness of four aspects of their nursing education. A 5-point rating scale is used in

the measure to assess the degree to which the participant views an item as stressful. The 22-item SNSI was developed by Jones and Johnston (1999) by incorporating items from the Beck and Srivastava (1991) measure of nursing student stress with 15 new items, based on a literature search and issues identified as relevant to student nurses in the United Kingdom. Evidence for the measure was demonstrated with a simple oblique structure including four factors. These four factors include academic load (e.g., amount of classwork, difficulty of classwork, fear of failing), clinical concerns (e.g., client attitudes to student, relations with clinical staff, clinical teaching climate), personal problems (e.g., personal health problems, family physical health, relationship with parents), and interface worries (e.g., lack of free time, no time for family). Jones and Johnston (1999) reported that the measure has factor congruence across two samples, good internal reliabilities (ranging from .68 to .81), and concurrent and discriminant validity across multiple reporting conditions. In the current study, Cronbach's alpha analyses found an alpha of .89 for the overall scale, .80 for Academic Load, .75 for Clinical Concerns, .72 for Personal Problems, and .78 for Interface Worries.

Emotional labor. The Discrete Emotions Emotional Labor Scale (DEELS; Glomb & Tews, 2004; See Appendix 1) was used to assess frequency, variety and intensity of emotional labor strategies used by nursing students. The DEELS includes three subscales, which are genuine expression, faked expression, and suppression. Each of the subscales asks participants to consider fourteen distinct positive and negative emotions relative to their interactions with patients over a 6 month period. The directions state:

"We would like to know about the emotions you express to others, such as customers, clients, coworkers, and supervisors, and emotions that you feel but do not express while on the job. That is, we are interested in what you express through your body language, facial expressions, tone of voice, etc. Consider your experiences at work over the past six months" (Glomb & Tews, 2004).

The authors give instructions at the beginning of each subscale, stating that that they "would like to know how often you feel and express various emotions to others on the job" (DEELS; Glomb & Tews, 2004). Participants indicated the frequency with which they genuinely express, express, or suppress fourteen discrete emotions. Responses were given on a 5-point scale that ranges from 1 (*many times a day)* to 5 (*never)*. The fourteen discrete emotions listed, as suggested by previous research (Shaver et al., 1997) included 1) irritation, 2) anxiety, 3) contentment, 4) sadness, 5) concern, 6) disliking, 7) aggravation, 8) fear, 9) happiness, 10) distress, 11) liking, 12) hate, 13) anger, and 14) enthusiasm. More specifically, the genuine subscale asks, "How often do you genuinely express (*emotion*) when you feel that way" The faked subscale asks, "How often do you express feelings of (*emotion*) when you really don't feel that way?" Finally, the suppression subscale asks, "How often do you keep (*emotion*) to yourself when you really feel that way?" For the present study, students in the accelerated bachelor of science in nursing and accelerated second degree programs, who had no previous nursing experience, were asked to imagine themselves working in their intended nursing specialty. Students from the traditional master of science in nursing program, who had

more advanced clinical skills, were asked to think about their clinical experiences over the past six months.

Confirmatory factor analysis was used to provide evidence for the six-factor structure of the DEELS, based on the positive and negative, genuine, faking, and suppression dimensions of the scale. Discrete emotions were combined to create positive and negative subscales for the genuine expression, faking, and suppression dimensions. Internal consistency was demonstrated by a range of Cronbach's alpha from .80 (genuine) to .87 (faked) for the position emotion subscales, and .86 (genuine) to .94 (suppression) for the negative emotion subscales (Glomb & Tews, 2004). Cronbach's alpha analysis for the study revealed an alpha of .71 for the genuine expression subscale, .92 for the faking subscale, and .89 for the suppression subscale. This scale was validated by its authors, but has not been used in other research at this time.

Job satisfaction. Job satisfaction was assessed using the Job Descriptive Index (JDI; Balzer et al., 2000; See Appendix 1) subscale of Work on Present Job and the Job in General (JIG; See Appendix 1) scale. These measures are easy to read, simple in format, and nationally normed. They are widely used measures of job satisfaction. The author of the users' manual for the JDI (Balzer et al., 2000) state that the work itself facet of job satisfaction and a general satisfaction facet are clearly differentiated from each other and other facets of job satisfaction (Balzer et al., 2000). The Work on Present Job subscale focuses on the individual's satisfaction with the work itself, including opportunities for creativity, amount of work, autonomy, and opportunities for increasing knowledge. Therefore, this facet of job satisfaction is relevant for nursing students

beginning clinical training. Overall satisfaction with the job was assessed with the JIG scale, and it taps into the general affective part of job satisfaction. Excellent internal consistency has been documented for both the Work on Present Job subscale (Cronbach's $\alpha = .90$) of the JDI, and the JIG scale (Cronbach's $\alpha = .92$). In the present study, Cronbach's alpha was .65 for the JDI, and .89 for the JIG.

Participants were asked to consider their clinical nursing experience work when answering items. For the Work on Present Job subscale, participants were asked to identify how well a list of words or phases describes their work. Examples of words/phrases included are "fascinating, respected, uncomfortable, pleasant, challenging, uses my abilities" (JDI; Balzer et al., 2000). For the JIG scale, participants are asked to what degree a list of words describes their job most of the time. Although it has been studied and used since the late 1960's, additional support for the construct validity of the JDI was recently found by a team of researchers (Kinicki, McKee-Ryan, Schriesheim, & Carson, 2002).

Chapter Four

Results

Preliminary Analyses

Correlational analyses. Correlational analyses were performed for all variables, and are listed in Table 1. In order to minimize the risk of Type I Error, an alpha level of .01 was used. Results indicated that frequency of faking emotion was negatively correlated with nursing stress about interface worries. Furthermore, faking emotion was significantly positively correlated with suppressing emotion. This relationship was explored with a correlated groups t test, and results revealed that the nursing students in this sample had a significantly higher average frequency of suppression of emotion (M = 29.53, SD = 9.9) than faking of emotion (M = 23.84, SD = 8.9), t (97) = -5.15, $p < .001$. Interestingly, clinical experience was positively correlated with genuine expression of emotion. In addition, age was positively correlated with frequency of suppressing emotion. Other correlations among demographic and experience variables were in the expected direction. For example, age and clinical experience were strongly positively correlated.

Table 1.

Intercorrelations Among Study Variables

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1) SNSI									
(2) SNSI-PP	.62**								
(3) SNSI-IW	.88**	.34**							
(4) DEELS-G	.09	-.01	.09						
(5) DEELS-F	-.20	-.10	-.27**	.11					
(6) DEELS-S	.12	-.03	.07	.25	.33**				
(7) JIG	.10	.09	.10	.11	-.11	-.08			
(8) JDI	-.10	-.06	-.02	.17	.03	-.05	.36**		
(9) Age	-.18	-.09	-.14	.01	.21	.20**	-.22	.09	
(10) Clin. Exp.	-.17	-.05	-.09	.26**	.06	.07	-.23	.12	.77**

Note: SNSI = Student Nurse Stress Total; SNSI-PP = Personal Problems; SNSI-IW = Interface Worries; DEELS-G = Genuine Subscale, Emotional Labor Scale; DEELS-F = Faking Subscale, Emotional Labor Scale; DEELS-S = Suppression Subscale, Emotional Labor Scale; JIG = Job in General Scale; JDI = Job Descriptive Index; Clin. Exp = Clinical Experience (In Years). ** Correlation is significant at the .01 level (2-tailed).

Table 2.

Mean, Standard Deviation, Range and Cronbach's Reliability Alpha for Study Variables

Study Variable	*M*	Range	*SD*	α
Age	30.89	21.58 - 56.25	8.58	--
Clin. Exp.	4.66	0 - 32.58	8.13	--
SNSI-Total	60.35	23.00 - 89.00	14.03	.89
SNSI-PP	9.20	4 - 19	3.65	.72
SNSI-IW	21.26	7-32	5.43	.78
DEELS-G	36.37	23 – 49	5.51	.71
DEELS-F	23.75	14-70	8.62	.92
DEELS-S	29.83	6-62	9.95	.89
JIG	41.94	6-54	10.96	.89
JDI	41.91	6-54	10.52	.65

Note. SNSI = Student Nurse Stress Total; SNSI-PP = Personal Problems; SNSI-IW = Interface Worries; DEELS-G = Genuine Subscale, Emotional Labor Scale; DEELS-F = Faking Subscale, Emotional Labor Scale; DEELS-S = Suppression Subscale, Emotional

Labor Scale; JIG = Job in General Scale; JDI = Job Descriptive Index; Clin. Exp = Clinical Experience (In Years)

Hypothesis Testing

Hypothesis 1. The performance of emotional labor strategies will be a significant predictor of nursing students' experience of satisfaction and stress during their clinical training, such that it accounts for a significant amount of decreased satisfaction with work and job satisfaction, and increased levels of perceived stressfulness of nursing training.

Hypothesis 1a. Frequency of the emotional labor strategies of faking emotion and suppression of emotion will be a significant predictor of satisfaction with work and job satisfaction for nursing students.

Hypothesis 1b. Frequency of emotional labor strategies of faking and suppression of emotion will be significant predictors of perceived stressfulness of nursing training, as measured by the SNSI (Jones & Johnston, 1999).

Five separate hierarchical regression models were run to examine the effect of the emotional labor strategies of faking emotion and suppression of emotion on satisfaction with work, job satisfaction, and student nurse stress levels. More specifically, the SNSI (Jones & Johnston, 1999) scales of Personal Problems, Interface Worries, and Overall Score were examined. In Step 1, each regression controlled for personal and demographic variables (age and clinical nursing experience). Faking emotion and suppression of emotion subscale scores were entered in Step 2. The researcher examined casewise diagnostics using Cook's D to identify outliers. No outliers were identified. Due to the high degree of correlation between the SNSI subscales of Academic Load and Clinical

Concerns ($r = .79$, $p < .001$), which share two items in common, these subscales were not tested as dependent variables in regression analyses, in order to avoid problems with multicollinearity, as suggested by Cohen and colleagues (Cohen, Cohen, West & Aiken, 2003).

The first analysis examined the effect of faking and suppressing emotion on student nurse stress score overall (see Table 3). The overall model was significant, F (4, 90) = 2.77, $p < .05$. Further, faking and suppression of emotion in Step 2 accounted for an additional 7.0% of variance above and beyond Step 1, F (2, 90) = 3.70, $p = .03$. Personal and demographic variables in Step 1 accounted for 4.0% of the variance in overall nursing student stress score, which was not statistically significant, F (2, 92) = 1.74, p = .18. When holding other variables constant, faking emotion ($\beta = -.24$, $p = .03$) and suppressing emotion ($\beta = .22$, $p = .04$) were the only significant predictors of student stress, indicating that frequency of emotional labor performance was associated with student stress scores.

Table 3.

Hierarchical Multiple Regression Results for Emotional Labor (Suppression and Faking) on Student Nurse Stress Overall Score

Study Variable	*Df*	ΔR^2	ΔF	B	*SE*	β
Step 1	(2, 92)	.04	1.74			
Age				-.204	.26	-.13
Clinical Experience (Years)				-.13	.28	-.08
Step 2	(2, 90)	.07*	3.70			
Age				-.18	.27	-.11
Clinical Experience (Years)				-.16	.27	-.09
Faking Subscale (DEELS)				-.39	.17	-.24*
Suppression Subscale (DEELS)				.32	.15	.22*

Note. DEELS = Discrete Emotions Emotional Labor Scale; β (Standardized Beta Weight) significant at $p < .05$.

The second analysis examined the effect of faking and suppressing emotion on personal problems in nursing school stress (see Table 4). The overall model was not significant, $F(4, 90) = .34$, $p = .85$. Likewise, faking and suppression of emotion in Step 2 accounted for only an additional 1.0% of variance above and beyond Step 1, which was not significant $F(2, 90) = .29$, $p = .75$. Personal and demographic variables in Step 1 accounted for 1.0% of the variance in personal problems stress, which was not statistically significant, $F(2, 92) = .40$, $p = .67$. When holding other variables constant, there were no significant predictors associated with personal problems stress.

Table 4.

Hierarchical Multiple Regression Results for Emotional Labor (Suppression and Faking) on Student Nurse Stress Personal Problems Scale

Study Variable	*Df*	ΔR^2	ΔF	B	*SE*	β
Step 1	(2, 92)	.01	.40			
Age				-.05	.07	-.12
Clinical Experience (Years)				.02	.07	.04
Step 2	(2, 90)	.01	.29			
Age				-.04	.07	-.09
Clinical Experience (Years)				-.01	.08	.03
Faking Subscale (DEELS)				-.04	.05	-.09
Suppression Subscale (DEELS)				.01	.04	.02

Note. DEELS = Discrete Emotions Emotional Labor Scale

The third analysis examined the effect of faking and suppressing emotion on interface worries stress (see Table 5). The overall model was significant, $F(4, 90) = 2.92$, $p < .05$. Further, faking and suppression of emotion in Step 2 accounted for an additional 9.0% of variance above and beyond Step 1, $F(2, 90) = 4.75$, $p = .011$. Personal and demographic variables in Step 1 accounted for 2.0% of the variance in nursing student stress score, which was not statistically significant, $F(2, 92) = 1.01$, $p = .37$. When holding other variables constant, faking emotion ($\beta = -.31$, $p < .01$) was the only significant predictor of interface worries, indicating that frequency of emotional labor performance was associated with this type of student stress.

Table 5.

Hierarchical Multiple Regression Results for Emotional Labor (Suppression and Faking) on Student Nurse Stress Interface Worries Scale

Study Variable	*Df*	ΔR^2	ΔF	B	*SE*	β
Step 1	(2, 92)	.02	1.01			
Age				-.12	.10	-.18
Clinical Experience (Years)				.03	.11	.05
Step 2	(2, 90)	.09*	4.75			
Age				-.08	.10	-.13
Clinical Experience (Years)				.01	.11	.02
Faking Subscale (DEELS)				-.19	.07	-.31**
Suppression Subscale (DEELS)				.11	.06	.20

Note. DEELS = Discrete Emotions Emotional Labor Scale. * β (Standardized Beta Weight) significant at $p < .05$. ** β (Standardized Beta Weight) significant at $p < .01$.

Next, the fourth analysis examined the effect of faking and suppressing emotion on satisfaction with work (see Table 6). The overall model was not significant, $F(4, 90) = .48$, $p = .75$. Further, the addition of faking and suppression of emotion in Step 2 accounted for only 1.0% of variance above and beyond Step 1, a non-significant result, $F(2, 90) = .25$, $p = .78$. Personal and demographic variables in Step 1 accounted for 2.0% of the variance in satisfaction with work, which was also not statistically significant, $F(2, 92) = .72$, $p = .49$. When holding other variables constant, there were no significant predictors associated with work satisfaction.

Table 6.

Hierarchical Multiple Regression Results for Emotional Labor (Suppression and Faking) on Satisfaction with Work

Study Variable	*Df*	ΔR^2	ΔF	B	*SE*	β
Step 1	(2, 92)	.02	.72			
Age				-.02	.20	-.02
Clinical Experience (Years)				.18	.21	.14
Step 2	(2, 90)	.01	.25			
Age				-.01	.21	-.01
Clinical Experience (Years)				.17	.21	.13
Faking Subscale (DEELS)				.06	.14	.05
Suppression Subscale (DEELS)				-.08	.12	-.07

Note. DEELS = Discrete Emotions Emotional Labor Scale

The final hierarchical regression analysis examined the effect of faking and suppressing emotion on job satisfaction in general (see Table 7). Again, the overall model was not significant, F (4, 90) = 1.60, p = .18. Faking and suppression of emotion in Step 2 accounted for just 1.0% of variance above and beyond Step 1, F (2, 90) = .40, p = .68. Personal and demographic variables in Step 1 accounted for 6.0% of the variance in job satisfaction in general, which was not statistically significant, F (2, 92) = 2.84, p = .06. When holding other variables constant, there were no significant predictors associated with work satisfaction.

Table 7.

Hierarchical Multiple Regression Results for Emotional Labor (Suppression and Faking) on Job in General Scale

Study Variable	*Df*	ΔR^2	ΔF	B	*SE*	β
Step 1	(2, 92)	.06	2.84			
Age				-.11	.20	-.09
Clinical Experience (Years)				-.22	.21	-.17
Step 2	(2, 90)	.01	.40			
Age				-.06	.21	-.05
Clinical Experience (Years)				-.26	.22	-.19
Faking Subscale (DEELS)				-.10	.14	-.08
Suppression Subscale (DEELS)				-.03	.12	-.03

Note. DEELS = Discrete Emotions Emotional Labor Scale

Research Hypothesis 2. If a negative relationship is demonstrated in the first hypothesis described above, an additional hypothesis will be investigated. It is expected that nursing students who are more seasoned in their clinical training will report higher frequencies of emotional labor than students who are less seasoned.

Hypothesis 2a. Seasoned nursing students will report higher frequencies of emotional labor strategies of faking and suppressing emotion than less seasoned students.

Hypothesis 2b. Seasoned nursing students will report higher frequencies of suppressing negative emotions and faking positive emotions than less seasoned students.

Hypothesis 2c. Seasoned nursing students will report lower frequencies of the emotional labor strategy of expression of genuine emotion than less seasoned students.

Three independent samples t tests were performed in order to assess whether clinical experience group was related to frequency of emotional labor strategies. First, seasoned ($M = 37.26$, $SD = 4.47$) nursing students were compared with unseasoned nursing students ($M = 35.54$, $SD = 6.11$) on frequency of genuine expression of emotion, and this difference was found to be not significant, $t\ (100) = -1.62$, $p = .11$. Next, when seasoned and unseasoned students were compared on frequency of suppression of emotion, the seasoned group ($M = 29.08$, $SD = 10.24$) reported a frequency of this strategy of emotional labor that was not significantly different from the unseasoned group ($M = 30.06$, $SD = 9.56$), $t\ (97) = .49$, $p = .62$. Finally, seasoned nursing students had an average frequency of faking emotion ($M = 24.19$, $SD = 10.24$) that was not significantly different from unseasoned nursing students ($M = 23.21$, $SD = 6.91$), $t\ (102) = -.57$, $p = .57$. Because there were no differences found in frequencies of faking and suppressing emotion, differences between positive and negative emotions for these two groups were not explored (see Hypothesis 2b). It appears that clinical experience level of nursing students in this sample is not related to the frequency with which they genuinely express, suppress, or fake emotions while engaged in clinical work.

Chapter Five

Discussion

Findings from the present study expand the literature on emotional labor and nursing students' experiences in several ways. Currently only one other study has explored the effect of emotional labor on nurses or nursing students using a validated measure of emotional labor (Mann & Cowburn, 2005). In the present study, the relevance of emotional labor to nursing students was demonstrated, as it was associated with their levels of school-related stress. Further, results showed that both suppressing emotion and faking emotion seem associated with stress levels for these students. Results also demonstrated that the nursing students in this sample appear to be both stressed by and satisfied with their clinical work. Contrary to expectations, the amount of clinical experience students had was related to their use of genuine expression of emotion. Students with more clinical experience genuinely expressed emotions more often than students with less clinical experience. Although higher frequencies of faking emotion seem associated with lower levels of stress, other variables may be moderating this relationship. It is possible that faking the desired emotion, in accordance with display rules, may actually protect students from feeling stressed.

Nursing Students, Stress, and Emotional Labor

Findings supported previous evidence that nursing students perform emotional labor, and may find it to be an essential part of their professional identity (Bolton, 2001; Fagermoen, 1997, Staden, 1998). However, the general relationship between performance of emotional labor strategies and stress in the current sample differed from past findings

regarding outcomes of engaging in emotional labor (Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002; Mann, 1998; Pugliesi, 1999), such that increased emotional labor performance is related to increased stress levels. Students in the current sample did not experience increased levels when they reported higher frequencies of faking emotion. Furthermore, frequency of the emotional labor strategies of faking emotion and suppressing emotion helped to explain a significant amount of variance in overall student stress, as well as stress related to the balance of personal and professional life. When the influence of frequency of faking emotion and suppressing emotion on outcomes was explored while holding other variables constant, these two emotional labor strategies were found to be important predictors of stress for students in the study. Also, results revealed that students engaged in suppressing emotion more frequently than they faked emotion. This finding may suggest that students in the current sample have learned not to express certain emotions. Although it was not specifically tested in the current study, future studies could explore what kinds of emotions nursing students typically suppress.

The lack of results with regard to differences in frequency of performing emotional labor strategies for seasoned nursing student as compared to unseasoned nursing students may have occurred because of problems with the design of the present study. It is possible that the clinical experience levels of these two identified groups may not have been different enough to co-vary with measured outcomes. However, this question does seem important to investigate further, either by comparing beginning nursing students with limited clinical experience to students pursuing an advanced clinical degree or by conducting longitudinal studies.

Contrary to previous findings (Coward, Horne, Duncan & Dwyer, 1992; Gellis, 2002), nursing stress was not associated with low levels of job satisfaction. As previously discussed, job satisfaction was reported to be high in the current sample. However, previous findings targeted nurses rather than nursing students, and the sources of stress during nursing school may be very different from sources present in the working life of nurses.

Nursing Students, Job Satisfaction, and Emotional Labor

Performance of emotional labor strategies was not associated with decreased job satisfaction in the present sample, which is inconsistent with previous findings on the relationship between these two variables (Rutter & Fielding, 1988). Nursing students in this sample reported high levels of satisfaction with work as well as high levels of general job satisfaction. Satisfaction may have played a role in masking potential influences of emotional labor with regard to work outcomes. It would be worthwhile to investigate whether these same high levels of satisfaction remain consistent for these students throughout their academic experience and in the transition from the student role to actual work as a nurse.

Overall, results of the present study suggested a link between nursing student performance of emotional labor strategies and their stress levels. As Sawatzky (1998) pointed out several years ago, efforts were limited in helping students manage stress. However, the presence of high levels of job satisfaction for nursing students in the present study may suggest that efforts aimed at helping students cope with stress have been successful. Continuing research aimed at more fully understanding the nursing

student experience of emotional labor and addressing this demand may help to alleviate student stress and its outcomes. When reviewing distress in student nurses, Jones and Johnston (2000) suggested that the role of the work environment as a stressor for students has been largely overlooked in this area.

Limitations and Future Directions

Several limitations of the current study have been addressed, including sample size and the lack of differences between unseasoned and seasoned nursing students. An additional limitation of the study is reliance on self-report data. Students may have masked or over-reported stress levels, job satisfaction, and frequency of emotional labor because of social desirability. The current study could have included a measure of social desirability in order to control for these effects. Another issue that may have influenced results was the study coordinator's inability to access students who were not physically present during class when the survey occurred, and some students' decision not to participate in the study, even though they were present in the class targeted for data collection. Therefore, the effect of a possible non-response bias may have influenced results.

Several future directions for research have been suggested, including exploration of the types of emotions that nursing students commonly manage and investigation of potential differences between nursing students based on clinical experience using samples of students who are more clearly differentiated on this dimension. In addition, a mixed method design in which quantitative and qualitative research methods are employed may

serve to provide useful information about the importance of emotional labor in the lives of nursing students.

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Appendix 1

Measures

Demographics and Clinical Information

1) What is your date of birth? _____ (month) / _____ (day) / _____ (year)

2) What is your gender? Please check the box that applies.

☐ Female

☐ Male

☐ Other _____.

3) What is your ethnicity? Please check the box(es) that apply.

☐ European American/White ☐ African American/Black

☐ Latino/a American ☐ Asian American ☐ Native American

☐ Pacific Asian ☐ Middle Eastern ☐ Indian American

Other: _____

4) In which nursing program are you currently enrolled?

☐ Accelerated Bachelor of Science in Nursing

☐ Traditional Master of Science in Nursing

☐ Accelerated Second Degree Program in Nursing

☐ Non-BSN RN Master of Science in Nursing

☐ RN-BS Weekend

☐ RN-MS

5) When did you enter the program (Month/Year) : _____ / _____

6) How many months and years of clinical nursing experience do you have, including clinical practice at school, working as a care partner, or working in another role in a clinical setting? Months: _____ Years: _____

Please describe the clinical nursing roles you have had (i.e., care partner, registered nurse, etc.): _____.

7) Please rank the three nursing specialty areas you are most interested in working in, numbered 1-3, with 1 being the specialty in which you are most interested.

_____ a) Adult health acute care nursing

_____ b) Adult health primary care nursing

_____ c) Child health nursing

_____ d) Community health nursing and public health

_____ e) Family health nursing

_____ f) Integrative psychiatric mental health nursing

_____ g) Nursing administration and leadership

_____ h) Women's health nursing

_____ i) Other: _____.

8) Please indicate how confident you feel that you will work as a nurse in each of your top three areas of specialty.

1	2	3	4	5	6	7
Not at all confident						Extremely confident

	Not at all confident						Extremely confident
1. **First Choice**	1	2	3	4	5	6	7
2. **Second Choice**	1	2	3	4	5	6	7
3. **Third Choice**	1	2	3	4	5	6	7

Discrete Emotions Emotional Labor Scale

Instructions: In the following sections, we would like to know about the emotions you express to others, such as customers, clients, coworkers, and supervisors, and emotions that you feel but do not express while on the job. That is, we are interested in what you express through your body language, facial expressions, tone of voice, etc. **Consider your experiences in your clinical nursing work over the past six months. If you do not have any previous clinical nursing experience, please imagine yourself working in your desired future placement.** The following sections may seem somewhat similar, so please read the instructions carefully.

Expressing emotions you feel

In this section, we would like to know how often you feel and express various emotions to others in your clinical work. Please circle the number that describes how frequently you express the emotions listed below.

	I genuinely express this **many times a day**	I genuinely express this **a few times a day**	I genuinely express this **a few times a week**	I genuinely express this **a few times a month**	I **never** genuinely express this
Irritation	5	4	3	2	1
Anxiety	5	4	3	2	1
Contentment	5	4	3	2	1
Sadness	5	4	3	2	1
Concern	5	4	3	2	1
Disliking	5	4	3	2	1

Aggravation	5	4	3	2	1
Fear	5	4	3	2	1
Happiness	5	4	3	2	1
Distress	5	4	3	2	1
Liking	5	4	3	2	1
Hate	5	4	3	2	1
Anger	5	4	3	2	1
Enthusiasm	5	4	3	2	1

Expressing emotions you do not feel

In this section, we would like to know how often you express emotions in your clinical nursing work when you really do not feel these emotions. Please circle the number that describes how frequently you express certain emotions when you do not feel them.

	I express this **many times a day** when I do not feel it	I express this **a few times a day** when I do not feel it	I express this **a few times a week** when I do not feel it	I express this **a few times a month** when I do not feel it	I **never** express this when I do not feel it
Irritation	5	4	3	2	1
Anxiety	5	4	3	2	1
Contentment	5	4	3	2	1
Sadness	5	4	3	2	1
Concern	5	4	3	2	1
Disliking	5	4	3	2	1
Aggravation	5	4	3	2	1
Fear	5	4	3	2	1
Happiness	5	4	3	2	1
Distress	5	4	3	2	1
	5	4	3	2	1

Liking					
Hate	5	4	3	2	1
Anger	5	4	3	2	1
Enthusiasm	5	4	3	2	1

Keeping emotions to yourself

In this section, we would like to know about emotions you do not express during your clinical nursing placement but feel like expressing. That is, we are interested in how often you keep certain emotions to yourself because you feel you should not express them on the job. Please circle the number that describes how often you keep certain emotions to yourself when you really feel them.

	I keep this to myself **many times a day**	I keep this to myself **a few times a day**	I keep this to myself **a few times a week**	I keep this to myself **a few times a month**	I **never** keep this to myself	I **never** feel this
Irritation	5	4	3	2	1	0
Anxiety	5	4	3	2	1	0
Contentment	5	4	3	2	1	0
Sadness	5	4	3	2	1	0
Concern	5	4	3	2	1	0
Disliking	5	4	3	2	1	0
Aggravation	5	4	3	2	1	0
Fear	5	4	3	2	1	0
Happiness	5	4	3	2	1	0
Distress	5	4	3	2	1	0
Liking	5	4	3	2	1	0
Hate	5	4	3	2	1	0
Anger	5	4	3	2	1	0
Enthusiasm	5	4	3	2	1	0

Job Descriptive Index

Instructions: Think of the clinical nursing work you do at present. How well does each of the following words or phrases **describe your clinical work**? Circle **1** for **YES** if it describes your work, **2** for **NO** if it does not describe your work, or **3** for **?** if you cannot decide.

	Yes	No	?
Fascinating	1	2	3
Routine	1	2	3
Satisfying	1	2	3
Boring	1	2	3
Good	1	2	3
Gives sense of accomplishment	1	2	3
Respected	1	2	3
Uncomfortable	1	2	3
Pleasant	1	2	3
Useful	1	2	3
Challenging	1	2	3
Simple	1	2	3
Repetitive	1	2	3
Creative	1	2	3
Dull	1	2	3
Uninteresting	1	2	3
Can see results	1	2	3
Uses my abilities	1	2	3

Job in General Scale

Instructions: Think of your clinical nursing practicum placement in general. All in all, **what is it like most of the time**? For each of the following words or phrases, circle:

	Yes	No	?
Pleasant	1	2	3
Bad	1	2	3
Ideal	1	2	3
Waste of time	1	2	3
Good	1	2	3
Undesirable	1	2	3
Worthwhile	1	2	3
Worse than most	1	2	3
Acceptable	1	2	3
Superior	1	2	3
Better than most	1	2	3
Disagreeable	1	2	3
Makes me content	1	2	3
Inadequate	1	2	3
Excellent	1	2	3
Rotten	1	2	3
Enjoyable	1	2	3
Poor	1	2	3

Student Nurse Stress Index

Instructions: Below is a list of items that may be associated with stress by students such as yourself. Think of real events which have occurred to you in the **past month** in your role as a student. For each item, please circle the rating that applies to **you**. Answer all 22 items.

ITEM	NOT STRESSFUL				EXTREMELY STRESSFUL
Amount of classwork material to be learned	1	2	3	4	5
Difficulty of classwork material to be learned	1	2	3	4	5
Examination and/or grades	1	2	3	4	5
Peer competition	1	2	3	4	5
Attitudes/expectations of other professionals towards nursing	1	2	3	4	5
Lack of free time	1	2	3	4	5
College/School response to student needs	1	2	3	4	5
Fear of failing in course	1	2	3	4	5

Actual personal health problems	1	2	3	4	5
Physical health of other family members	1	2	3	4	5
Relationships with parents	1	2	3	4	5
Other personal problems	1	2	3	4	5
Relations with other professionals	1	2	3	4	5
Too much responsibility	1	2	3	4	5
Lack of timely feedback about performance	1	2	3	4	5

Answer the following questions from your reflections on your clinical experience:

ITEM	**NOT STRESSFUL**				**EXTREMELY STRESSFUL**
Client attitudes towards me	1	2	3	4	5

Client attitudes towards my profession	1	2	3	4	5
Atmosphere created by teaching staff	1	2	3	4	5
Relations with staff in the clinical area	1	2	3	4	5

Other academic and related items:

ITEM	**NOT STRESSFUL**				**EXTREMELY STRESSFUL**
I am not sure what is expected of me	1	2	3	4	5
I have no time for entertainment	1	2	3	4	5
I do not have enough time for my family	1	2	3	4	5

Vita

Ann Caldwell Smolen-Hetzel was born April 29, 1980 in Knox County, Illinois. She is an American citizen and she graduated from Notre Dame High School, Peoria, Illinois in 1998. She attended the University of Illinois, Urbana-Champaign, Illinois, and graduated in 2002 with a Bachelor of Science in Psychology.